

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5**SDF ID**

| | | |
|------------|-------------|----------------|
| C06 | 2010 | 0000079 |
|------------|-------------|----------------|

County Year Unique ID

SDF Date: 01/12/2010

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR**A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

| 1. Property Number | Check box if applicable to parcel | 5. Complete Address of Property | 6. Complete Tax Billing Address (if different from property address) |
|--|---|---|--|
| A.) 06-08-31-000-010.025-021 021-82720-24 | <input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement | 5920 CROWLEY PKWY WHITESTOWN, IN 46075 | 3419 ROSSEVELT AVE INDIANAPOLIS, IN 46218 |

7. Legal Description of Parcel A: THE NEIGHBORHOODS AT ANSON SEC 1A PHASE 1 LOT 24

| | |
|-----|--|
| B.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement |
|-----|--|

7. Legal Description of Parcel B:

B. CONDITIONS - IDENTIFY ALL THAT APPLY

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

| YES | NO | CONDITION |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. A transfer of real property interest for valuable consideration. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Buyer is an adjacent property owner. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Vacant land. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Exchange for other real property ("Trade"). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Seller paid points. (Provide the value Table C Item 12.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Existence of family or business relationship between buyer and seller. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Land contract. Contract term (YY): 0 and contract date (MM/DD/YYYY): |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Personal property included in transfer. (Provide the value Table C Item 5.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Partial interest. (Describe in special circumstances in Table C Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Easements or right-of-way grants. |

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

| YES | NO | CONDITION |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Transfer to a charity, not-for-profit organization, or government. |

C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15

1. Conveyance date (MM/DD/YYYY): 01/12/2010
2. Total number of parcels: 1
3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

- ☐ ☒ 4. Family or business relationship existing between buyer and seller?
- Amount of discount: 0.00

Disclose actual value in money, property, a service, an agreement, or other consideration.

5. Estimated value of personal property: \$0.00
6. Sales price: \$35,000.00

YES NO CONDITION

- ☐ ☒ 7. Is the seller financing sale? If yes, answer questions (8-13).
- ☐ ☒ 8. Is buyer/borrower personally liable for loan?
- ☐ ☒ 9. Is this a mortgage loan?

10. Amount of loan: \$0.00
11. Interest rate: 0.0000
12. Amount in points: \$0.00
13. Amortization period: 0

D. PREPARER

GINA LONGERE

Preparer of the Sales Disclosure Form

251 E OHIO ST, STE 100

Address (Number and Street)

INDIANAPOLIS, IN 46204

City, State, and ZIP Code

CLOSING OFFICER

Title

FIRST AMERICAN TITLE

*Company**Telephone Number**E-mail*

E. SELLER(S)/GRANTOR(S)

DUKE CONSTRUCTION

Seller 1 - Name as appears on conveyance document

ATTN CRAIG ANDERSON 600 E 96TH ST STE 100

Address (Number and Street)

INDIANAPOLIS, IN 46240

*City, State, and ZIP Code**Telephone Number**E-mail**Seller 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

Signature of Seller

01/12/2010

*Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller**Printed Name of Seller**Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY

J DOUGLAS CHISHOLM

Buyer 1 - Name as appears on conveyance document

3419 ROSSEVELT AVE

Address (Number and Street)

INDIANAPOLIS, IN 46218

*City, State, and ZIP Code**Telephone Number**E-mail**Buyer 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.

YES NO CONDITION



1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

3419 ROOSEVELT AVE

Address (Number and Street)

INDIANAPOLIS, IN 46218

City, State, and ZIP Code

Marion County

County

2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

YES NO CONDITION



3. Homestead



4. Solar Energy Heating/Cooling System



5. Wind Power Device



6. Hydroelectric Power Device



7. Geothermal Energy Heating/Cooling Device



8. Is this property a residential rental property?



9. Would you like to receive tax statements for this property via e-mail?

(Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

01/13/2010

*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 1 Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number**Signature of Buyer 2/Spouse**Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number*

PART 2 - COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

| 1. Property | 2. AV Land | 3. AV Improvement | 4. Value of Personal Property | 5. AV Total | 6. Property Class Code | 7. Neighborhood Code | 8. Tax District | 9. Acreage |
|-------------|------------|-------------------|-------------------------------|-------------|------------------------|----------------------|-----------------|------------|
| A.) | \$100 | \$0 | | \$100 | 500 | 26467 | 021 | 0.090 |
| B.) | | | | | | | | |

Assessor Stamp

10. Identify physical changes to property between March 1 and date of sale.

| YES | NO | CONDITION |
|--|--------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Is form completed? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. State sales fee required? |
| 13. Date of sale (MM/DD/YYYY): 01/12/2010 | | |
| 14. Date form received (MM/DD/YYYY): 02/03/2010 | | |

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.

| YES | NO | CONDITION |
|-------------------------------------|--------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Sale valid for trending? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Validation of sale complete? |
| 18. Validated by: NW | | |

PART 3 - COUNTY AUDITOR

Auditor Stamp

1. Disclosure fee amount collected: \$10.00
2. Other Local Fee: \$5.00
3. Total Fee Collected: \$15.00
4. Auditor receipt book number: 36380
5. Date of transfer (MM/DD/YYYY): 02/11/2010

| YES | NO | CONDITION |
|-------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Is form completed? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. State sales fee required? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Attachments complete? |

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

SDF ID SDF Date (MM/DD/YYYY)

Parcel Number

Check all that apply:

- ☐ Homestead ☐ Solar Energy ☐ Wind Power
☐ Hydroelectric ☐ Geothermal ☐ Rental Property
☐ Electronic Statement (e-mail)

Buyer 1 - Name as appears on conveyance document

Address of Property (Number and Street)

City, State, and ZIP Code of Property

Auditor Signature

Date (MM/DD/YYYY)

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5**SDF ID**

| | | |
|--------|------|-----------|
| C06 | 2014 | 0009419 |
| County | Year | Unique ID |

SDF Date: 08/06/2014

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR**A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

| 1. Property Number | Check box if applicable to parcel | 5. Complete Address of Property | 6. Complete Tax Billing Address (if different from property address) |
|--|--|---|--|
| A.) 06-08-31-000-010.025-021 021-82720-24 | <input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement | 5920 CROWLEY PKWY WHITESTOWN, IN 46075 | 5920 CROWLEY PKWY WHITESTOWN, IN 46075 |

7. Legal Description of Parcel A: THE NEIGHBORHOODS AT ANSON SEC 1A PHASE 1 LOT 24

| | |
|-----|--|
| B.) | <input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement |
|-----|--|

7. Legal Description of Parcel B:**B. CONDITIONS - IDENTIFY ALL THAT APPLY**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

| YES | NO | CONDITION |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. A transfer of real property interest for valuable consideration. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Buyer is an adjacent property owner. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Vacant land. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Exchange for other real property ("Trade"). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Seller paid points. (Provide the value Table C Item 12.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Existence of family or business relationship between buyer and seller. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Land contract. Contract term (YY): <u>0</u> and contract date (MM/DD/YYYY): _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Personal property included in transfer. (Provide the value Table C Item 5.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Partial interest. (Describe in special circumstances in Table C Item 3.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Easements or right-of-way grants. |

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

| YES | NO | CONDITION |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Transfer to a charity, not-for-profit organization, or government. |

C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15

- Conveyance date (MM/DD/YYYY): 08/06/2014
- Total number of parcels: 1
- Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Family or business relationship existing between buyer and seller? |
| | | Amount of discount: <u>0.00</u> |

Disclose actual value in money, property, a service, an agreement, or other consideration.

- | | |
|--|--------------|
| 5. Estimated value of personal property: | \$0.00 |
| 6. Sales price: | \$275,000.00 |

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Is the seller financing sale? If yes, answer questions (8-13). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Is buyer/borrower personally liable for loan? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Is this a mortgage loan? |

- | | |
|--------------------------|--------|
| 10. Amount of loan: | \$0.00 |
| 11. Interest rate: | 0.0000 |
| 12. Amount in points: | \$0.00 |
| 13. Amortization period: | 0 |

D. PREPARER

STACEY FOWLER

Preparer of the Sales Disclosure Form

8365 KEYSTONE CROSSING STE 102

Address (Number and Street)

INDIANAPOLIS, IN 46052

City, State, and ZIP Code

CLOSER

Title

FIRST AMERICAN TITLE INSURANCE

*Company**Telephone Number**E-mail*

E. SELLER(S)/GRANTOR(S)

PAMIMI LLC

Seller 1 - Name as appears on conveyance document

PO BOX 15280

Address (Number and Street)

INDIANAPOLIS, IN 46218

*City, State, and ZIP Code**Telephone Number**E-mail**Seller 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

Signature of Seller

08/06/2014

*Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller**Printed Name of Seller**Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY

CURTIS A BROWN

Buyer 1 - Name as appears on conveyance document

5920 CROWLEY PKWY

Address (Number and Street)

WHITESTOWN, IN 46075

*City, State, and ZIP Code**Telephone Number**E-mail**Buyer 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.

YES NO CONDITION

- ☒ ☐ 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

- ☐ ☒ 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

YES NO CONDITION

- ☒ ☐ 3. Homestead
☐ ☒ 4. Solar Energy Heating/Cooling System
☐ ☒ 5. Wind Power Device
☐ ☒ 6. Hydroelectric Power Device
☐ ☒ 7. Geothermal Energy Heating/Cooling Device
☐ ☒ 8. Is this property a residential rental property?
☐ ☒ 9. Would you like to receive tax statements for this property via e-mail?

(Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

08/06/2014

*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 1 Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number**Signature of Buyer 2/Spouse**Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number*

PART 2 - COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

| 1. Property | 2. AV Land | 3. AV Improvement | 4. Value of Personal Property | 5. AV Total | 6. Property Class Code | 7. Neighborhood Code | 8. Tax District | 9. Acreage |
|-------------|------------|-------------------|-------------------------------|-------------|------------------------|----------------------|-----------------|------------|
| A.) | \$29,100 | \$300,000 | | \$329,100 | 510 | 26467 | 021 | 0.090 |
| B.) | | | | | | | | |

| | | | | |
|--|---|--|--------------------------|-------------------------------|
| Assessor Stamp | 10. Identify physical changes to property between March 1 and date of sale. | YES | NO | CONDITION |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Is form completed? |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. State sales fee required? |
| | | 13. Date of sale (MM/DD/YYYY): 08/06/2014 | | |
| 14. Date form received (MM/DD/YYYY): 08/11/2014 | | | | |

Items 15 through 18 are to be completed by the assessor when validating this sale:

| | | | |
|--|-------------------------------------|-------------------------------------|----------------------------------|
| 15. If applicable, identify any additional special circumstances relating to validation of sale. | YES | NO | CONDITION |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16. Sale valid for trending? |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Validation of sale complete? |
| | 18. Validated by: JSL | | |
| | | | |

PART 3 - COUNTY AUDITOR

| | | | | |
|---------------|--|-------------------------------------|-------------------------------------|------------------------------|
| Auditor Stamp | 1. Disclosure fee amount collected: \$10.00 | YES | NO | CONDITION |
| | 2. Other Local Fee: \$5.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Is form completed? |
| | 3. Total Fee Collected: \$15.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. State sales fee required? |
| | 4. Auditor receipt book number: 43467 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Attachments complete? |
| | 5. Date of transfer (MM/DD/YYYY): 08/14/2014 | | | |
| | | | | |

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

| | |
|--|--|
| <p>SDF ID _____ SDF Date (MM/DD/YYYY) _____</p> <p>Parcel Number _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power</p> <p><input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property</p> <p><input type="checkbox"/> Electronic Statement (e-mail) _____</p> | <p>Buyer 1 - Name as appears on conveyance document _____</p> <p>Address of Property (Number and Street) _____</p> <p>City, State, and ZIP Code of Property _____</p> <p>Auditor Signature _____ Date (MM/DD/YYYY) _____</p> |
|--|--|

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.